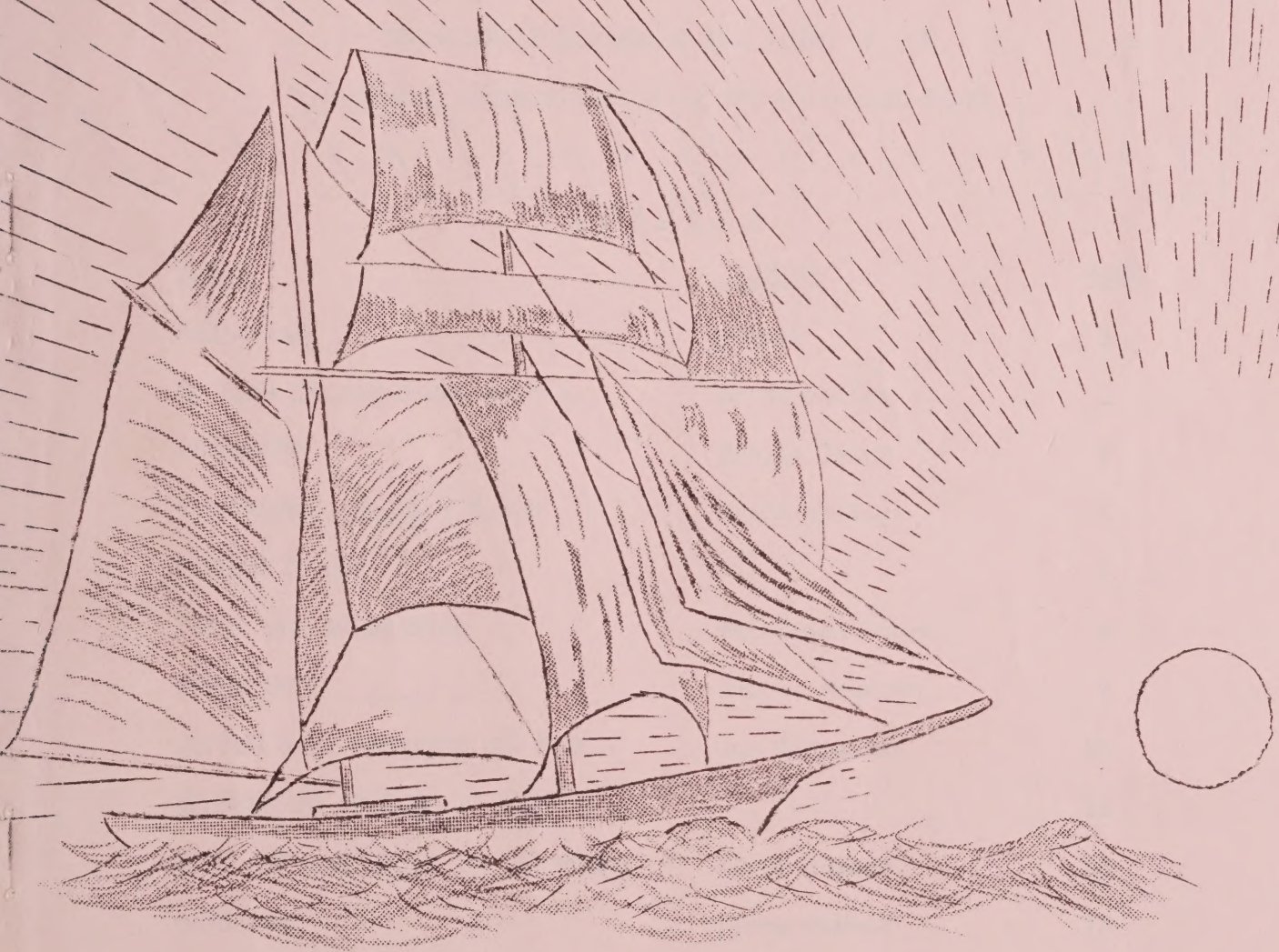


QUILL



OCTOBER

1968

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T H E Q U I L L

VOLUME VIII, NUMBER 3; OCTOBER, '68.

WRITTEN BY THE PATIENTS, OAK RIDGE DIVISION,

PENETANGUISHENE PSYCHIATRIC HOSPITAL

PENETANGUISHENE

ONTARIO, CANADA

Prepared and mimeographed by the patients of
The Typing and Printing Dept., Oak Ridge

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THE OPINIONS EXPRESSED IN THIS MAGAZINE

ARE DELIBERATELY OUTSPOKEN AND DO NOT

NECESSARILY REPRESENT THE VIEWS OF THE

HOSPITAL ADMINISTRATION OR THE EDITORIAL STAFF

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EDITORIAL

Starting in the immediate future, (hopefully, a week or so) this department will be putting out a Hospital Newspaper every two weeks. This newspaper will be a subsidiary of the Quill and will be for use inside the hospital only. It will cover the different ward news, shop notes, patient and staff comments as well as upcoming events and quote a few other things as well.

So far, response has been very good and we hope that it stays that way as we feel there are a lot of things happening, that all of you would like to hear about. Only you can actually help us out there. So keep things coming in, huh, and we'll do our best to see that it's put in print.

The Quill, as you have probably already guessed by our pleas in the past few issues, seems to be losing quite a bit of it's support. Surprisingly enough, that with all the articulate people on this side of the building, that most of our articles are coming from wards A,B,C and D. We don't know why these things are happening but until people start supporting the Quill, it seems that it's production will have to be cut down to two or three times a year.

This magazine is quite well known in this country, and in others as well and it seems to be a shame that people won't contribute more in order that it can be kept up on a monthly basis.

We have tried many things to spur the interest of the patients towards newer and better ideas concerning the Quill, but the effort on our parts has been futile. You cannot blame us for our frustration and lack of interest. You, the patients, are the main source of contribution and support, you have seen the outcome. Do you want this to keep happening? It may easily enough.

So remember, that even though we have one more addition to our department, which helps a lot, it's still up to you. How about it, huh?

Editor

MY LIFE IN OAK RIDGE SPORTS

I have now been here for twelve long years but in this time I was not sorry for myself as I did wrong and had to try to understand this and make the best of it in all I did.

I really had nothing to go on at first except sports, and then there was my work I was doing in the kitchen. After the working hours were done and there was nothing to do, I played baseball.

I played baseball all my life so it was nothing to play ball here. I like to think that as each year went by I left my mark on another page in this hospital's sports records. I now know that I did just this as I do have a very good record. I have had this record for the first five years here. They say be proud of this record.

As years followed I grew older and a little slower But I tried to pass on this knowledge to others coming in and starting to play ball. This kept me busy and then happened what no-one really wants to happen, I was layed up with a broken leg for six months.

Then along came therapy so I started to learn what this was all about. Summer came around again and I went back to baseball, but now I was very slow at running, but my spirit was still very good as I felt that I could come back again. Little did I know that this fight to come back would once again leave it's mark on me, for about three years later I was once again layed up in bed with the same leg broken. This time it was to be almost a year before the cast came off. I still went back to baseball as my love of this sport pulled me back.

I was then told not to play ball but I went against this and I got through that year, but with one thing wrong. I found that I could no longer run. My reflexes were also slow so I had a bad year, and one more after that. So, the doctor put out the order that would ban me from all sports in Oak Ridge. This hurt very badly but I am learning to live with it. And I do have a ward of thirty-eight people who take the brunt of this hurt at times. But they understand how I feel. I just hope that I can earn the feelings of respect that these same people are showing me. As I now know that I am not fighting by myself, I have a whole ward that is also fighting with me.

I hope that by writing this I will help others to learn these things as I did.

Wayne Norton

B R E A K D O W N

This is how it starts...

Some thing that you knew or had once known -

Some beast deep - kennelled in your soul

Bays at the moon -

Leaps the full length of its chain;

And falls back beaten.

The thing is done - you carry on.

This is how it goes on...

The struggle waxes

Till night and day are filled

With that wild hideous howling;

And control

Is slipping, is slipping -

Is nearly gone - still, you go on.

This is how it ends...

The weak link snaps at last.

The wild thing freed

Leaps at your guardless throat...

You wake up beating

At a padlocked door

There is no more.

Ethine Tabor

VIEWPOINT: WARDS A, B, C, AND D

As a result of recent innovations on wards A, B, C, and D, there are now very few patients in Oak Ridge hospital not involved in a programme suited to their own and their ward's particular needs. Patients on ward B are active on their ward; patients on wards C and D are active off the ward and those from these wards that are incapacitated through illness go to ward A.

Ward A's function as a temporary infirmary is additional to it's function as a ward with programme. There are ward meetings three times per week, and once a week, on Monday afternoons, group therapy, films, and discussion groups. These patients also attend occupational and industrial therapy according to their needs, interests and abilities.

The programme on B ward is particularly new and exciting. Patients on this ward who have been confined and inactive for years are involved in a daily activity from 9:30 a.m. to 11:30 a.m. and from 1:00 p.m. to 3:00 p.m. The morning is spent in open topic discussion groups plus card and checker games and drawing. The afternoon is spent in sing songs and, again, games. One afternoon a week is taken up with bingo. Male summer staff and selected patients from wards G and F help with this programme. Two remotivation groups have been set up, conducted by enthusiastic attendant staff.

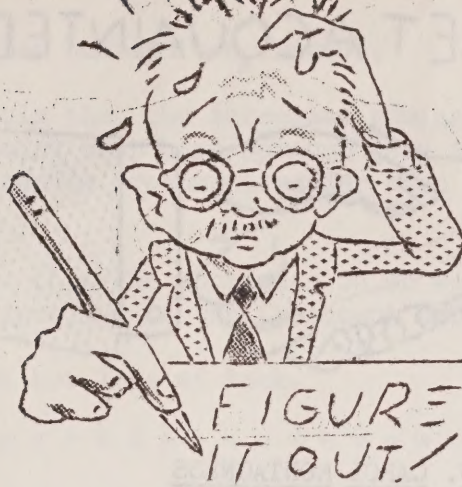
Patient transfers have made it possible to clear wards C and D during the day so that staff will be free to supervise the new B ward and O.T. P.T. programmes, thus more patients will be included in both of these.

From D ward all patients attend O.T. P.T. From C ward patients attend either O.T. P.T. or industrial therapy. C ward also has ward meetings three times per week and group therapy once a week. Interested members of the local clergy, of various denominations participate in these Tuesday morning group therapies.

In the future, it is hoped that the number of remotivation groups will be increased, staffed with concerned attendants. It is hoped also that a remotivation library will be established to be available to the attendant staff.

Thus, on wards A, B, C, and D, patient activity and patient interaction has increased noticeably. Nursing reports show less preoccupation withdrawal and psychosomatic ailments as interest in the programme mounts. Wards A, B, C, and D are moving ahead at a rate that would have probably not have been believed by either staff or patients a year ago. Nor would have it been possible without the help of the staff on these four wards. Continued interest and participation will help keep it this way!

Staff writer



CAN YOU FILL IN THE O'S?

Each group of letters below is a perfect word -- except that three or four "O's" have been left out. Just fill them in and see how many you can complete correctly. Example: Given the letters CTTNWD, you can fill in four "O's" and get the word cottonwood.

For the answers, turn to page 12.

- | | | |
|-----------|--------------|------------|
| 1. VD | 8. STERM | 15. RCC |
| 2. SNRUS | 9. RATTR | 16. FRENN |
| 3. FFSHT | 10. CRRBRATR | 17. LNG |
| 4. CTRN | 11. SCILGY | 18. FTLSE |
| 5. PRTCL | 12. DUBLN | 19. RTHDX |
| 6. LKUT | 13. BH | 20. HMLGUS |
| 7. MNTNUS | 14. DRUS | |

LET'S GET ACQUAINTED



MRS. CAROL MONTAGNESS

Mrs. Montagnes was born in Winnipeg but has spent most of her life in Ottawa. She attended Carleton University where she majored in Geography and Sociology but left while still two courses short of her degree. While there she also took some Biology and Psychology, the latter, getting her used to the jargon which she must now be able to apply in a practical manner. She would like to finish her degree but she doesn't know of any university nearby where this would be possible.

She also met her husband at Carleton and says that they were engaged for 3, almost 4 years before getting married. He went to Toronto after graduating. They have been married a year this past April and have no children.

Just before coming here she worked in Queen's Park for a year and says she was all caught up in the red tape of Family Benefits. She was involved in the interpretation of the Family Benefits Act where the main responsibility was to determine which people were to receive benefits, and how much. She feels that it could have been an easy job in which to become "hardened" but feels that if all their cases were treated as individuals this wouldn't happen. Nowadays, she says they are thinking more of the child's benefit rather than the parents.

Her first impression of Oak Ridge, was that of the gates closing behind her, and her husband, who was with her, said that her expression made him wonder as to whether or not he should leave her there alone. But she says she didn't feel uneasy and that the bars were the first real thing that she noticed. She says the patients were, and still are, very polite to her.

She is at present a permanent employee in the Case Historian's Office, a job which she enjoys very much. She didn't have anything to say about therapy in Oak Ridge as she hasn't had a chance to experience any of it yet. She did, however, comment that she soon hopes to be sitting in on meetings on various wards.

In her spare time, she enjoys such outdoor sports as swimming and fishing and likes this area because opportunities for these things are in abundance. She says that there were only girls in her family and that she kind of grew up to be a "Tom Boy". Other sports and forms of relaxation which she enjoys range from golfing and tennis,

to camping with her husband and friends.

She feels that the increased admission rate here is due to more people being sent here because they are being thought of more as people needing treatment rather than criminals to be locked up.

We hope that she continues to do well and that eventually she will become involved in the treatment program.

We wish her lots of luck.

J U D G E N O T

Pray don't find fault with the man who limps
Or stumbles along the road,
Unless you have worn the shoes he wears
Or struggled beneath his load.
There may be tacks in his shoes that hurt
though hidden away from view,
Or the burden he bears, placed on your back,
Might cause you to stumble, too.

Don't sneer at the man Who's down today
Unless you have felt the blow,
That caused his fall, or felt his shame
That only the fallen know,
You may be strong, but still the blows
That were his, if dealt to you,
In the same-self way, at the same-self time,
Might cause you to stagger, too.

Don't be too harsh with the man who sins,
Or pelt him with words or stones,
Unless you are sure, yea, doubly sure,
That you have no sins of your own.
For you know perhaps, if the tempter's voice
Should whisper as soft to you,
As it did to him when he went astray,
T'would cause you to falter, too -

Author Unknown

A psychological defense is a way of avoiding the truth about ourselves, the way things are or about other people. The texts will give a list of both primary and secondary defenses, however there is a third type of defense the texts do not mention. This third type I place under the heading of physical defenses. (for the sake of clarification we could coin the term physiopsychological defenses), these are physical avoidance, physical aggression, and verbal assault.

PHYSICAL AVOIDANCE - Have you ever been in a tight spot with your mother, wife, girlfriend, police, etc., asking questions about where you were on the previous evening? Perhaps you do not wish to tell them you were out with a prostitute, robbing a bank, setting a fire, etc., you begin to get a very uncomfortable feeling in the pit of your stomach, anxiety and tension occurs. All of a sudden you feel the need to urinate, to take a smoke, get up and walk. There are many various types of this defense. In a mentally ill person they are much more noticeable. Consider for a moment patient X is having a small group. The topic of discussion begins to zero in on X's relationship with Y. Patient X begins to look very uncomfortable. He has to avoid answering so he reaches into his pocket for his tobacco and begins in a very precise, concentrated and controlled movements to roll a smoke. He then reaches slowly into his pocket for his lighter and begins to light up. He relaxes and asks the group what the last question was. He now feels ready to answer, because he is not panicking the way he was before. The group through themselves have forgotten the question because their train of thought was disrupted by these physical gestures. The defense in this case has been quite successful. Other forms physical avoidance might have taken are, to feel a sudden chill and move across the room, the need to urinate or defecate and thus leave the area of danger, to get a cramp and have to move around, a sudden itch which needs scratching, a headache that sends you to your room to lie down, the feeling of something in your eye causing you to ask the group to hold up the questions while you get it out. These few I have mentioned here in no way exhausts the possible means of physical avoidance.

PHYSICAL AGGRESSION - Has for a long time been thought of as a defense. Again this defense is readily noticeable in a mentally ill person. Think for a minute of the guy who apparently for no discernable reason at all starts a fight. How is a fight defending? Well, let us say a person has a distorted self-image, feels he is unmanly and that others think him weak (which could be a projection) one way of avoiding this feeling is to show his virility. The difference between the mentally ill person and the normal person is that the sound person will fight physically only when it is necessary. The ill person in this case has not a just cause for fighting and in fact has to create a situation in order to start a fight. At the same time if the person is afraid of rejection from others, he may be starting fights in order to drive people away from him. They will think twice about doing something that will hurt this person.

VERBAL AGGRESSION - Is and can be a more formidable weapon than a fist in the face, particularly in terms of treatment for the mentally ill person. I would like to refer to a particular type of verbal aggression, for in the process of treatment this defense can be almost equivalent to a complete stockade.

The individual in this case uses this defense again as a way of avoiding the truth, pushing others away and escaping reality. The person using this defense is usually quite perceptive. He is able to pick up from others where their weak points are, which words cause the other the most emotional hurt and tends to shut the other up or down. He employs words like rat, goof, queer, phoney, pervert, punk, woman beater, diddler and a thousand others. Most of us can use this defense to some extent but some have an almost uncanny ability of throwing words around that is injurious. This defense is more effective because of the fear it instills in others. I would contend that an emotional fear is much stronger than a physical fear. When this person is weakest and most threatened is when the individual will use this defense most strongly. This person may become extremely difficult to treat because of the fluency of his verbal sarcasm and the psychological fear it creates. Others will not confront this person with his illness.

Physical avoidance can be handled by being aware and removing the places which the person might run to. The second defense can be handled by medication, cuffs, observation, restraint and if necessary, confinement. What of the third defense? Can we stop people from being emotionally hurt and upset when someone calls them a goof? Can we take a piece of tape and shut the persons mouth? No! But perhaps a combination of these two might work. A special treatment situation would be necessary. The requirements would be to make the persons around the individual using verbal aggression more tolerant, more able to withstand the assault. (I doubt if the defense could or would last for long or indefinitely.) The method could employ the use of sweeteners, such as; drugs which relax the person and will keep him upset down. The second part of the treatment could employ the use of defense disrupting drugs such as: scopolamine. These drugs appear to make the individual more aware of others and less able or capable of malicious verbal assaults.

The Ontario Hospital, Penetang has progressed quite far in its treatment programmes. These programmes are designed to treat the individual within the group in the group setting. However, what of the person who does not receive treatment because of his proficiency at spreading around the verbal diarrhea, do we not have a responsibility to treat him also? Perhaps then it is time we advance even further in treatment by creating special treatment situations for particular types of persons.

Joe Normandin

ANSWERS TO "CAN YOU FILL IN THE 'O'S"?

See Page _____

- | | | |
|---------------|------------------|----------------|
| 1. VOODOO | 8. STOREROOM | 15. ROCOCO |
| 2. SONOROUS | 9. ORATORIO | 16. FORENOON |
| 3. OFFSHOOT | 10. CORROBORATOR | 17. OOLONG |
| 4. OCTOROON | 11. SOCIOLOGY | 18. FOOTLOOSE |
| 5. PROTOCOL | 12. DOUBLOON | 19. ORTHODOX |
| 6. LOOKOUT | 13. BOOHOO | 20. HOMOLOGOUS |
| 7. MONOTONOUS | 14. ODOROUS | |

MOST POPULAR SPORT IN THE WORLD

Over the past 50 years Soccer has swept the world. About three-quarters of a million people attend matches every Saturday in Great Britain where the sport began.

In the quarter final round of the 1966 World Cup Matches, 2,500,000 spectators paid \$5,000,000 to attend the eight matches. In the final match almost 100,000 people filled Wembley Stadium to see England win the cup, the symbol of international supremacy. The game was seen by 400,000,000 people on world wide television. It was covered by more than 700 radio and television broadcasters and 1,600 writers who filed reports in more than 30 languages. Good luck to Soccer or should we say, good luck to football.

LeRoy Gushue

CATS PAW

The cat's paw is soft,
His eyes green,
His feeling alive,
His love great,
Oh how I love the cat
With all his glory.

LeRoy Gushue

LETS GET ACQUAINTED



DR. COULTHARD

Medical & Psychiatric Background:

I was born in England and attended school there. I went to the University at St. Andrews in Scotland which is one of the oldest Scottish universities I believe - tons of tradition. I started medicine at St. Andrew's for three years, then moving to Dundee for an additional three years, where I graduated in 1960. After graduating I interned for six months. I returned to Dundee to the Medical Professors for half a year. When a student I had done quite a lot of locum jobs, which is sort of a stand-in for the intern. During one of these I became interested in psychiatry. I was not too certain at that point if I wanted to pursue psychiatry, as I was still considering specializing in surgery.

In reply to an advertisement, I applied for a job as ship's surgeon. I eventually ended up as a surgeon aboard a cable ship stationed in Rio de Janeiro, and went up and down the coast of South America. After plenty of sun for two years, I eventually ended that commission and was married during the process, in Rio de Janeiro, in 1962. In 1963, I returned to Britain and made the decision to take up psychiatry. I had been interested in it previously, and after doing a job while a student, I felt it would have an interesting future, as psychiatry is a relatively new and young science. Also, it would be less boring than surgery. I was accepted at the Psychiatric Hospital, which was allied to St. Andrew's in Dundee. Stayed there for over four years prior to coming to Oak Ridge. While working at the Psychiatric Hospital, I had been attached to various departments, acute wards, chronic wards, and also seconded to a mental deficiency hospital. During my course of stay at the hospital, I had to teach medical students, and developed an interest in the teaching aspect. The hospital had a very active research department and I became interested in the early aspects of schizophrenia.

Canada and Oak Ridge:

I was interested in working abroad and decided to come to Canada. I think that in the study of psychiatry that it is difficult to work in a place that is culturally quite different to what one is accustomed to. I thought that Canada was closer to the British culture than several other places abroad. I thought about the east coast of Canada as it would be more accessible to Europe and available to visit relatives when necessary. The advertising propaganda for doctors in Canada was excellent. I was also interested in getting

to a better climate, despite the threat of those long hard winters I've heard about. After some meditation, we sailed from Scotland and arrived in Canada the end of April.

Oak Ridge:

I found it was open for me to work in a maximum security hospital. Having had little experience in this field, I felt it would be a good step to come here and gain a little more experience. I had not wanted to work behind bars before and the place looked rather bleak. A surprising thing, I found, was that the patients had individual rooms instead of wards with beds. After a few weeks I accepted this as routine.

It didn't take me long to realize that there were a lot of activities going on in Oak Ridge and that I would have to adjust myself to these things.

Patients:

I don't think that the patients of Oak Ridge are essentially any different to those that I have been accustomed to working with, except that there are perhaps more personality disorders. There is also a noticeable lack of neurotic illnesses. I also notice that most patients are being detained against their wills. To my mind this is not a very good starting off point for a patient to have his behaviour modified or his illness cured.

I believe that coercion is necessary to help them realize that they are not functioning in an acceptable way, for I feel that only after they realize this will or can steps be taken to improve their situation.

I think that anti-social behaviour is such a problem and may well become more of a problem in a modern society, and that steps should be taken to understand the process more fully in order to try and devise a treatment programme for these patients. So little is known about adequate treatment for this particular problem, that research programmes and new methods of treatment must be commenced. I think that this is essential and possibly there should be a trial programme inaugurated to determine whether efficient methods of treatment can be arrived at.

I feel that the more we know about mental illness the better our positions are to know how to treat it and to gain knowledge and insight into the problems surrounding it and its cures. Therefore it is only reasonable that I say that trial research programmes should be established.

At present I am only gaining a bit of knowledge about the particular problems that I have stated, for I feel that this knowledge is essential in order to be of benefit to the patient here at Oak Ridge.

I am indeed very interested more in certain aspects of research into disordered behaviour, and feel motivated to start a research programme of my own so that I may gain more valuable knowledge and insight into the treatment of the following:

- (a) how particular mental illnesses arise
- (b) and what mental processes are involved in these illnesses

In closing, I would like to state that I am studying now to take some more examinations, and that my stay at Oak Ridge may run to a period of two years.

* * * * *

Choughphtheightteau --- What does this formidable looking word spell? Well, believe it or not someone has whimsically claimed that it spells "potato!"

Here's the way he sees it: "gh" stands for "p," as you will find from the last letters of "hiccough"; "ough" for "o", as in "dough"; "phth" stands for "t," as in "phthisic"; "eigh" stands for "a" as in "neighbor"; "tt" stands for "t," as in "gazette"; and "eau" stands for "o" as in "beau."

"We must go to Stratford-on-Avon tomorrow," said a tourist to his friend.

"What's the use of that?" was the reply. "We can buy Stratford postcards here in London."

"But one travels for more than to send postcards. I want to write my name on Shakespeare's tomb."

* * * * *

D WARD NEWS

There has been quite a change on D ward during July. About 15 patients have been removed from D ward and new patients from other wards have taken their place.

At present everyone on the ward is occupied and working. There are 35 patients who work in Occupational Therapy five days a week, and 2 patients work in the Industrial Therapy Shop.

The patients working in the O.T. work in the shops in the mornings and in the afternoons they go to the Chapel and play cards until about 3:00 P.M. then they go into the yard for P.T.

Most of the patients are satisfied with conditions on D ward at present. The patients are allowed to participate in baseball games and others go out into the yard a few evenings a week to either watch baseball or to get fresh air.

The ward is run in a proper manner by Supervisor Louis Larmand.

Joseph Wasik

* * * * *

PENETANG TOWN

I am a prisoner in old Penetang town
They say I'm mental just a proper clown
The bars are as thick as the hair on a dog
I keep on sinking in a bottomless bog

I am not charged under the Criminal Code
So why oh why is this my abode
I've lost my freedom and they say it's my fault
Might as well be in Siberia a-digging out salt

The Review seems to be well in order
Am I really daft or just on the border
They remind me of a Sultan chief
While I lay in my cell worse off than a thief

Queen's Park itself does a very fine job
I'm really better off than many a gob
Mental illness has had it - need never return
When I think of all this I really burn

DID YOU EVER THINK TWICE?

In medical practice we often find that the means of expression, the thought process, seems to push the instincts completely into the background. Monopolising or usurping their place.

Thought is essentially an inhibition and if it dominates one's spiritual life it can lead to a complete paralysis of the emotions.

This is already a pathological condition. Connected with a feeling of illness and abnormality causing suffering and forcing man to deny one of the most important manifestations of human life - his emotions.

Therefore you can achieve wisdom in two ways - either by not thinking at all but trusting your own instincts or by thinking.

But only in order to express yourself.

As emotional beings all men are equal. Just as there are only small anatomical differences between all members of the human race.

Thus a stupid man is stupid because he does not want or does not dare to express himself - or his thinking apparatus has become paralysed so that it is unsuitable for self expressions and cannot see or hear the directive of his instincts.

All human actions are self expression, nobody can give something that is not within himself, - speaking, walking, writing, eating, smoking, etc.

We always express ourselves. And this ourselves is nothing but the life instinct which has two pregnant outlets: the instinct of power and the sexual instinct.

Animals, children, primitive men strive to express and communicate their will and their desires only in order to fulfill or satisfy their will.

The basic enduring obstacle to the fulfillment of human desires, the expression of human will is nature herself.

But throughout the ages an instinctive co-operation has been evolved between nature and man so that the two factors have almost become identical, or at least one has completely subordinated itself to the other.

Man's social life and the cultural life of mankind have developed in a strange way. The expressions of will and desires have met ever increasing difficulties. Among these, the first and foremost are largely ethical. But the expression of will and desire has remained a basic all embracing need of man whatever ethical adjustments he has been forced to make. It is by the way to these adjustments that we owe our entire culture.

But essentially all cultural achievements of mankind are expressions of the human will, fulfillments of human desires.

There are people in whom instinct and thought are completely merged.

Then we have a genius - a human being who can express his human qualities completely.

This is possible only if a man does not use thought to cover his instincts but uses it rather for the most perfect expression.

All great discoveries are due to perfect co-operation of instinct and reason.

Reg. Parnham
E Ward

(Ed's. note) Fortunately most people in society think about the consequences of their actions rather than acting on impulse.

* * * * *

RESISTANCE vs DETERMINATION

During the course of a year over 100 patients make their way through Oak Ridge. Many of these patients are warrants and most will be returned for trial. Some will remain here because they are in need of treatment. Other patients will be certified and sent here from reformatories, penitentiaries, other hospitals and one or two voluntary admissions. These patients who remain are the ones I would like to discuss.

The greater majority of patients in Oak Ridge if asked, "Are you mentally ill?" will answer no, or just that they had a nervous breakdown. Then if you ask "What is mental illness?" the majority will say that they do not know. Ask yourself how then they can say that they are not mentally ill if they have no conception of what mental illness is.

They are afraid. I am not sure of what and neither are they. It could be the stigma attached to the mentally ill. It could be fear of their relatives or friends finding out and a subsequent loss of social position, or perhaps fear that they will remain here for life. I would like to propose that they are really afraid of taking a good hard look at themselves. If they did they would probably see a person with very few real friends that they can count on. I don't mean the usual acquaintances. No! I mean people they know for a while and then he or she is gone. We all have acquaintances and what I am referring to is people that they know and trust. People whom you care about. People whom you would altruistically aid without being asked. These are friends, where there is a lasting bond between people. Mentally ill people appear

to be unable to form any lasting and solid relationships. If they look further they will see themselves prone to impulsive, irrational behaviour, delusions, hallucinations, poor work habits, withdrawal habits or just extremely confused.

If you have one of these symptoms or all of them, they can certainly detract from the self-image. Therefore, the mentally ill person finds it very hard to admit that they may be mentally ill and in need of help. Help is a keyword, for the aim of treatment is to help the individual to face up to himself, to fulfill his internal needs according to the norms established by our society.

Most people will attempt at times to help themselves and others until they become very uncomfortable which is usually when they are about to be confronted with a fact about themselves that they would like to deny. Perhaps deviance at work, the breaking of a ward rule, an irresponsible act or maybe even having to make a decision about one of their fellow patients. It is at this point the person begins to resist treatment. This resistance can come in many different forms. The person may just abstain from decision making. He may withdraw into his room and shut the door, attempt to undermine or disrupt the treatment situation, regress into negativism or perhaps ask for a transfer from that particular treatment unit. Whatever form the person's resistance takes, is it fair to him or to ourselves to let this resistance continue? No! It is not. You could be that very person. Would you like people to allow you to remain mentally ill?

At this point many patients invoke the statement, "You can lead a horse to water, but you can't make him drink." This is not true of course. If the water is made sweet enough and the horse is made thirsty enough he will drink. So in treatment can it be made more sweet or easier to accept. The method I would call a determination to care. I say determination because some people's illness works in such a way that it requires a lot of determination to care and continue.

We are all quick to react to a person who has no meaning for us and whom we know does not give a damn for us. We are also very careful in our reactions to those whom we know care about us. I personally find it hard to accept criticism or help from someone whom I know does not really care what happens to me. I may not accept what he says but I will be more inclined to sit down to discuss the criticism with him. When I am badly upset and want to run, a person showing care and interest will make me think twice about my behaviour.

The next argument which might be presented is; you don't expect me to care for everyone do you? No, I don't, only if you want to. No person is all good or bad, people are a combination of both. Also it is important to note people are capable of changing or overcoming their bad points. There are many people whom a few years ago I disliked because of a peculiar characteristic or trait.

They have since overcome this trait and I now find them much more likeable and easier to care about. If you know persons who have changed and asked them how, 9 out of 10 would have to admit the influence of someone who cared. There once was an ex-school teacher here by the name of Miss Anna B. Magnus. Her capacity to care was almost unlimited. She won the hearts of many patients and influenced them towards helping themselves no matter how rank, inconsiderate, demanding or manipulative the person was, she tried to care for and help them all. She realized that people were capable of changing and was more than willing to help.

This determination to care which she had, you can also have. If you care about others than the chances are strong that this feeling will be reciprocal or the others will return the feeling.

In closing, I would like to ask the next time an individual on your ward shows resistance to treatment, don't revile or condemn him. Keep your determination to care. A caring ward is a good ward and people can be helped.

Joe Normandin

* * * * *

TO SEE THE GOOD THINGS

To see the good things,

To enjoy them is a wonderful thing,

To walk in the morning dew,

To see God's Blessings near and far,

Oh what a wonderful world,

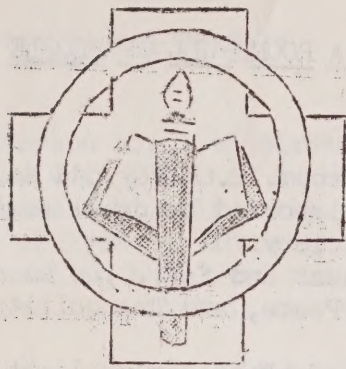
The morning sun with all it's wonder,

The trees, the moon, the stars,

Yes, a wonderful thing.

LeRoy Gushue

* * * * *



JEREMIAH 31:31 - 34

"A day comes, the Eternal promises. When I make a fresh compact with all the house of Israel - not like the compact I once made with their fathers (VVMoffatt)

Newness Which Cannot Age

Why focus our attention upon the many new things which concerned the Bible writers? Jeremiah, for instance, anticipated a new covenant; we look back over the nearly two thousand years to its establishment. Has not the new itself become old?

If we answer 'YES' we have misunderstood the Bible writers. They did not suffer the illusion that recent developments are better than earlier ones just because they are recent. To us, the new means the latest in time, superseding anything that went before. D. H. Lawrence seemed to think in these terms when he wrote "I know that but for those early Christians we should never have emerged from the chaos and hopeless disaster of the Dark Ages," and he went on to say "If I had lived in the year four hundred, pray God, I should have been true and passionate Christian....but now I live in nineteen-twenty-four, and the Christian adventure is done."

When the Bible writers contrasted old and the new they thought nothing of earlier and later, but of that which is passing and that which is eternal.

Thus the eternal transcends time. So God is both 'the Ancient of Days' and the source of all that is genuinely new. The Shepherd of Hermas, a second-century Christian writer, when he pictured the church as an aged woman renewing her youth and beauty through repentance, saw the truth more clearly than D. H. Lawrence. The newness offered us in Christ can never age, grow stale or be out-dated.

(Geo. E. Prior)

Lieutenant Chaplain

A ROOM FULL OF PEOPLE

They sat in the room....thirty odd souls;
Twisted, bent, distorted by cruel reality
Rejected from Society.
They came from near and far....to be revived
With Happiness, Peace, and Tranquility of Life.

Now, at the end of their day or light or road, they sat
Dreaming, staring, preoccupied with memories,
Making gestures of love and hate.
Some spoke, but said nothing
Some listened, but the sounds drifted
Through their memories....and on
Without disturbance.

Dreaming of a lover, a town, a river --
Beautiful dreams!
Safe, secure, defensive dreams!
But, It's easier to dream dreams, than
Face reality.

Staring at the wall, a chair, a distant face;
They make no impressions....just objects to the eye,
Looking at the see-through people
Thinking of empty, vacuumed thoughts.
To rid monotony ----
Their monotony.

Preoccupied with memories of incidents, ideals,
Goals set for future reference....in
The outside world.
They may never see this world again....but
They dream of incidents, ideals, goals....and are
Preoccupied with memories.

Someone, suddenly laughs,
A laugh that was laughed before;
At another's insanity....at
Their insanity.

Paul Bruce

'WHAT AM I TO DO'?

Frank will celebrate his 47th birthday on Friday. But he won't have a birthday cake - in fact, if he has anything nourishing to eat that day he'll consider himself lucky. Frank, (he doesn't want his last name used) arrived in Winnipeg this morning after hitchhiking from Calgary. He went to the local Manpower Centre looking for a job but they told him to come back in the afternoon.

"It's the same everywhere I go," he said in an interview, "nobody will give me a job."

Frank has been travelling across the prairies looking for a job - for the past three weeks, ever since he was released from a mental institution in Ontario.

He has not lived a happy life. He quit school in grade three, worked for a few years at odd jobs, and then was admitted to a home for boys on his parent's request when he was 15. After being released from his home he had no job training and drifted around Ontario. He turned to crime.

Frank was convicted in 1953 on a charge of possession of burglar tools in Ontario and sentenced to two years in prison. Near the end of his term Frank escaped but was recaptured shortly afterwards and was transferred to a mental hospital for a three-month examination. But the three months turned into 13 years. Frank says he does not know why they kept him in the institution that long. "I may have needed some help when I went in in 1955 but not for 13 years," he said.

Frank was released from the institution on July 30th and went to Saskatoon where he thought a friend had a job for him. But he couldn't find the friend and was unsuccessful gaining employment.

In the past three weeks he has travelled to Regina, Calgary, and now Winnipeg in search of a job. The only work he has found in those three weeks was a job cleaning buildings for three nights. "The boss wanted a man with a car who could go around by himself to the different buildings in the city," he gave as the reason why he could not hold down a job. He says he has kept moving to different cities because of his criminal record. "I can't stay in one place for long or I might get picked up on a vagrancy rap," he said.

However Frank has not lost his pride. He was interviewed in a downtown restaurant and insisted on paying for his own cup of coffee.

He says all he asks from society is a chance to get a job and make enough to live on. He doesn't think much of the treatment ex-cons receive. "All I want is a job.... have I got leprosy or something?"

"What am I supposed to do, return to crime? I'm trying to go straight."

Frank hopes to get people to notice his plight - and others like it - by talking to the press in cities he visits.

"I want to keep this thing in the public eye.... so they

know that there are many people like me who need a chance in life."

Reprinted from "The Winnipeg Tribune"
August, 1968.

(Ed's. note) The person mentioned in this article was here. Will
what's happening to him, happen to you?

* * * * *

1968 FIELD DAY STANDINGS

CROQUET:

1st game - Wilfred Lauzon
Jeff Jefferson

2nd game - Paul Bruce
Ed. Thompson

3rd game - Vince Lauzon
Steve Sollie

Final Vince Lauzon - first place
Jeff Jefferson - second place

HORSESHOES:

In the finals, Frank Johnson and Bill Manone won
over Bob Clark and Wilfred Lauzon.

VOLLEY BALL:

Team 1 beat team 3, then team 4 beat team 2 and 1.
The winning team was composed of John Freeman, Steve
Sollie, Wilfred King, Larry Antler, Ray Renaud,
Eric Young and Gerry Hubbert.

LAWN BOWLING:

Vic Hoffman won against Clem Flynn
and Bill Bryson.

BOLSTER BAR:

1st match - Mike Berthiaume over George McCann
2nd match - Larry Cress
3rd match - Wilfred King over Gerry Hubbert
4th match - Larry Cress over Mike Berthiaume
Final match - Larry Cress won over Wilfred King

* * * * *

(WARDS A B C D)

CROQUET:

1st game - Gord Muir
2nd game - Rodney Lawrence
Don Hall

Final game - Rodney Lawrence -- first place
Don Hall - second place

HORSESHOES: (singles) In the final game, John Cullen won playing against Vince Bartolo

LAWN BOWLING: The winner were: Labus

VOLLEY BALL: Only two teams entered in this event with team 1 winning. The winning team's players were Ford Taylor, Rodney Lawrence, Richard Marlatt, King, Weiss, Butcher and Polzen.

BOLSTER BAR: 1st match - Joe Normandin over George Wass
2nd match - Fred Sanko over Ralph Tomelow
3rd match - John Moore over Henry Humphrey
4th match - Wayne Cadiou over Reg. Barker
5th match - Joe Normandin over Fred Sanko
6th match - John Moore over Wayne Cadiou
Final match - Joe Normandin over John Moore

* * * * *

SOME PATIENTS COMMENTS ABOUT THERAPY IN OAK RIDGE

I am my brother's keeper.

Regardless of another's mistake, he's still a person.

The responsibility I have for my brother today may be his responsibility to me tomorrow.

The ward like a ship with many parts will sink or swim together.

It's harder to help a liar than one who is honest.

If you are helping people, then you are helping yourself.

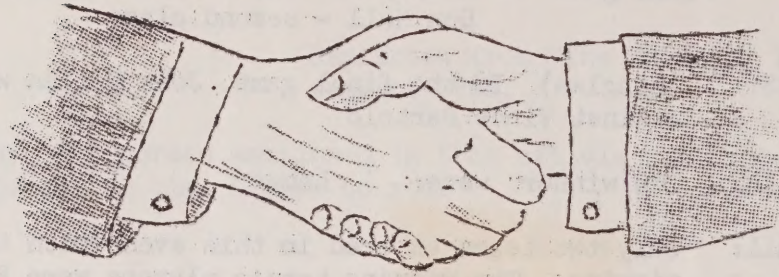
Not for oneself, but for all.

Are you concerned about others?

Are you being honest?

Living is loving, loving is giving and giving is growing, and the greatest victory is the victory over yourself.

LET'S GET ACQUAINTED



MRS. MARGARET PAYNE

Mary to her friends, was born and educated in Toronto. She went to high school at East York Collegiate; where she met her husband; then went on to receive her Nurse's Diploma at Toronto Western Hospital.

She did work at the Regional Hospital last year, studying Psychiatric Nursing which she is keeping up now, laughingly referring to it as another of her spare time activities; she sits in as therapist on group therapy on E ward too.

She says she loathes housekeeping, but likes to sew and work as a fun activity for her two girls and boy, and her husband who is an Engineering Technologist, teaching in Barrie.

Once over the initial impressions anyone would have of Oak Ridge, she said she found a lot of warmth and interest, and wants to continue in her nursing career, furthering her education along these lines, impressed by the learning situation it creates for her.

Her long range spare time ambition is to travel, and works at getting her family grown up, and her education completed to realize this.

Known to a lot of the patients already, and liked by every one. We certainly look forward to her presence and wish her all the best of luck.

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FOOT-IN-MOUTH DISEASE

The haughty dowager called at the hospital to see her injured chauffeur. "He's a very sick man," said the nurse. "Are you his wife?" "Certainly not -- I'm his mistress," the good woman blurted.



THANK YOU



THANKSGIVING

